



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

March 24, 2016

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Hollenbeck Farms, LLC, DBA HF Crave, 2801 Pine Lake Road, Suite W, requesting a class A-116908 liquor license.

Myron Hollenbeck, President of Hollenbeck Farms, LLC, is requesting that he be approved as the manager of the liquor license. He has not yet completed the required alcohol management training. He is scheduled to attend on April 14, 2016.

Hollenbeck Farms, LLC Corporate Officers/Stockholders/Members:  
Myron Hollenbeck – President (100%)

Myron Hollenbeck self-disclosed the following on the retail liquor license application:

Traffic ?

Myron Hollenbeck self-disclosed the following on the manager application:

Traffic violation license revoked for not paying fine on time

A background check of Myron Hollenbeck's driver and criminal history revealed the following:

04-20-2015	Speeding 11-15 MPH over	Infraction
02-12-2015	Fail to obey train crossing signal	Infraction
03-14-2013	Speeding 6-10 MPH over	Infraction
	Fail to use seat belt	Infraction
11-27-2012	Violate stop or yield sign	Infraction
08-23-2011	Violate speed limit 11-15 MPH over	Infraction
	Occupant protection system	Infraction
08-20-2010	Suspended license, eligible	Misdemeanor
	Violate speed limit 6-10 MPH over	Infraction
07-23-2009	Fail to display proper number of plates	Misdemeanor
12-29-2004	Speeding 6-10 MPH over (1A)	Infraction

Hollenbeck Farms, LLC, DBA Crave, 2801 Pine Lake Rd, Suite W, previously applied for a liquor license and went before the Lincoln City Council on June 20, 2011, at which time the retail and manager applications were denied. The Nebraska Liquor Control Commission held a Show Cause



A nationally accredited law enforcement agency



hearing and subsequently approved and issued the liquor license. That license was allowed to expire April 30, 2012.

Hollenbeck Farms, LLC, DBA Crave, 2801 Pine Lake Rd, Suite W, applied for a liquor license again and went before the Lincoln City Council on November 4, 2013. During this hearing, Mr. Hollenbeck testified he had unlawfully sold alcohol at his establishment for a period of two months after his liquor license expired. Additionally, there was testimony regarding the inability to contact the applicant either by telephone or mail by the Nebraska Liquor Control Commission and the Lincoln City Clerk. The City and State believed the business had closed. The Lincoln City Council voted to deny the retail and manager applications. The Nebraska Liquor Control Commission held a Show Cause hearing and subsequently denied the applications as well.

Civil History:

2016: Two Distress Warrants issued based on Lancaster County Treasurer's report that Hollenbeck Farms, LLC was delinquent on taxes for 2012 and a second Warrant for being delinquent on taxes for 2013.

The application is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in dark ink, appearing to read 'Brian Jackson', with a large, stylized loop at the end.

BRIAN JACKSON, Interim Chief of Police

**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.nebraska.gov

<b>RECEIVED</b>		
MAR 02 2016		
<b>NEBRASKA LIQUOR CONTROL COMMISSION</b>		
Hot List: <u>YES</u> / NO	<u>New</u> / Replacing #	
Class Type <u>A</u>	<b>116908</b>	Initial <u>RS</u>

Applicant name Myron L Hollenbeck


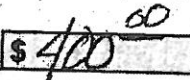
Trade name HF CRAVE

Previous trade name N/A

Contact email address HFCRAVE@gmail.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

<b>RECEIPT</b>	DATE <u>3-2-2010</u> No. <u>168686</u>
	FROM <u>Hollenbeck Farms LLC</u>
	FOR <u>New Application</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>10701</u> <input type="checkbox"/> MONEY# ORDER
	Received by <u>Randy Sybert</u>

**RECEIVED**  
MAR 3-2-10

Office use only
PAYMENT TYPE <u>CK 10701</u>
AMOUNT: <u>\$400</u>
Received: <u>mm</u>



1600003870

1. MLH Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2. MLH Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at [www.ne.gov/go/NLCCpayport](http://www.ne.gov/go/NLCCpayport).
3. MLH Enclose the appropriate application forms;
  - Individual License (requires insert form 1)
  - Partnership License (requires insert form 2)
  - Corporate License (requires insert form 3a & 3c)
  - Limited Liability Company (LLC) (requires form 3b & 3c)
4. MLH If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.
5. MLH If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. MLH If buying the business of a current liquor license holder:
  - a. Provide a copy of the purchase agreement from the seller (must read applicants name)
  - b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
  - c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)
7. MLH If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8. MLH Enclose a list of any inventory or property owned by other parties that are on the premises.
9. MLH For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
  - a. For residency enclose proof of registered voter in Nebraska
  - b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
10. MLH Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. MLH Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

MLH  
Signature

3/3/2016  
Date

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NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.nebraska.gov/

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CONTROL COMMISSION**

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES  
CHECK DESIRED CLASS**

**RETAIL LICENSE(S)**

Application Fee \$400 (nonrefundable)

- ☒ A BEER, ON SALE ONLY  
☐ B BEER, OFF SALE ONLY  
☐ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE  
☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY  
☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY  
☐ AB BEER, ON AND OFF SALE  
☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE  
☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

☐ Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued.

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**

- ☒ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☒ Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**  
Commission will call this person with any questions we may have on this application.

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**PREMISES INFORMATION**

Trade Name (doing business as) HF CRAVE

Street Address #1 2801 Pine Lake Road Ste W

Street Address #2 \_\_\_\_\_

City Lincoln

County LANCASTER

Zip Code 68516

Premises Telephone number 402-423-2728

Business e-mail address HFcrave@gmail.com

Is this location inside the city/village corporate limits:

YES

☒

NO

☐

Mailing address (where you want to receive mail from the Commission)

Name Dr Hollenback

Street Address #1 2801 Pine Lake Rd Ste W

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68516

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**\*\*For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 97' x width 22 in feet

Is there a basement? Yes \_\_\_\_\_ No ☒

Is there an outdoor area? Yes ☒ No \_\_\_\_\_

If yes, length \_\_\_\_\_ x width \_\_\_\_\_ in feet

If yes, length 17' x width 12 in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

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CONTROL COMMISSION**

*See Attached*

# APPLICATION INFORMATION

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

MAR 02 2016

       YES        NO

If yes, please explain below or attach a separate page

*See ATTACHED*

NEBRASKA LIQUOR  
CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
traffic violations	2	2		

## 2. Are you buying the business of a current retail liquor license?

       YES   X   NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

## 3. Was this premise licensed as liquor licensed business within the last two (2) years?

       YES   X   NO

If yes, give name and license number \_\_\_\_\_

## 4. Are you filing a temporary operating permit (TOP) to operate during the application process?

       YES   X   NO

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

\_\_\_\_ YES 7 NO

If yes, list the lender(s) \_\_\_\_\_

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

\_\_\_\_ YES 7 NO

If yes, explain. (all involved persons must be disclosed on application)

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

\_\_\_\_ YES 7 NO

If yes, list such item(s) and the owner. \_\_\_\_\_

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

\_\_\_\_ YES 7 NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

\_\_\_\_ YES 7 NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Lincoln Federal Credit Union

Myron Hollenbeck

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

HF Crane it expired + we didn't renew

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Myron Hollenbeck	03 / 2016	RBST GE

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For list of NLCC certified training programs see: [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

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CONTROL COMMISSION

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date June 2016 Automate renew 15yrs 6-30-2016  
☐ Deed  
☐ Purchase Agreement

14. When do you intend to open for business? Already open

15. What will be the main nature of business? Food Service

16. What are the anticipated hours of operation? MON - Thursday 11am - 9pm Fri-Sat 11am - 10pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. Sun 11am - 9pm

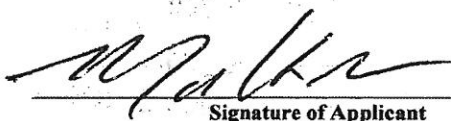
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Elmwood, NE	2012	Now			
Lincoln, NE	2009	2012			
Elmwood, NE	2000	2009			

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

  
Signature of Applicant

Myron Hollenbeck  
Print Name

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Signature of Spouse

MAR 02 2016

Print Name **NEBRASKA LIQUOR  
CONTROL COMMISSION**

Signature of Applicant

Signature of Spouse

Print Name

Print Name

#### ACKNOWLEDGEMENT

State of Nebraska  
County of Cass

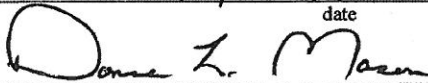
The foregoing instrument was acknowledged before me this

March 1, 2016  
date

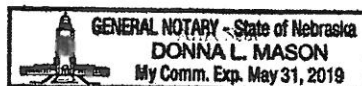
by

Myron Hollenbeck Jr.

name of person(s) acknowledged (individual(s) signing)

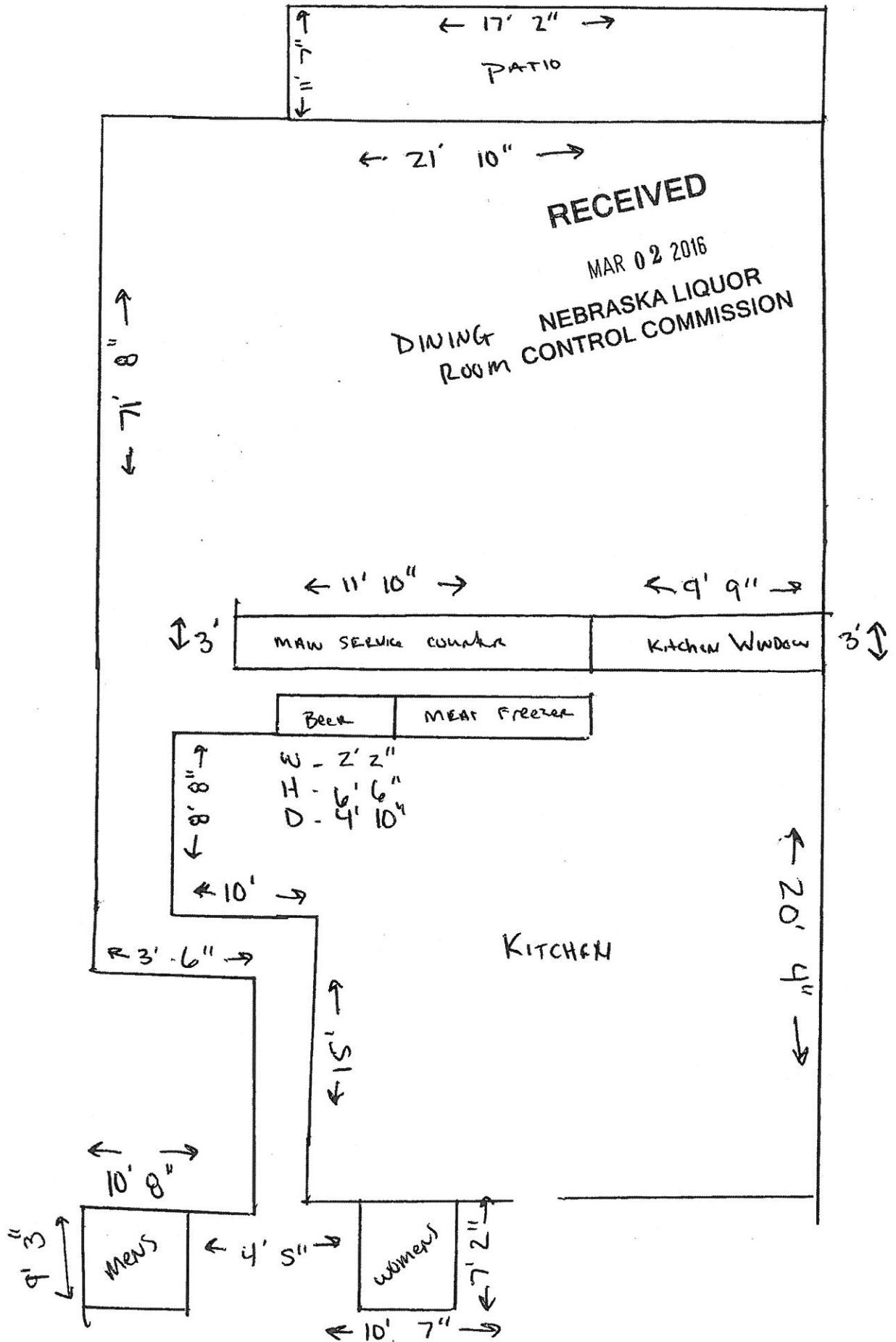


Notary Public signature



In compliance with the ADA, this application is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

N



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

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CONTROL COMMISSION**

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: HOLLENBECK FARMS LLC

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

LLC Address: 27507 FLETCHER AVE 010140788

City: ELMWOOD State: NE Zip Code: 68349

LLC Phone Number: 402.423.2728 LLC Fax Number: 402.421.1198

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: HOLLENBECK First Name: MYRON MI: LEE

Home Address: 27507 FLETCHER AVE City: ELMWOOD

State: NE Zip Code: 68349 Home Phone Number: 402.867.4208

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska

County of CASS

The foregoing instrument was acknowledged before me this

March 1, 2016

by Myron Hollenbeck Jr.

name of person acknowledge

Date

Donna L. Mason

Affix Seal



GENERAL NOTARY - State of Nebraska  
DONNA L. MASON  
My Comm. Exp. May 31, 2019

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: HOLLENBECK First Name: Myron MI: LEE

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 100%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applying Limited Liability Company controlled by another corporation or person

☐ YES

☒ NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JAN Ending Date: DEC

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. \_\_\_\_\_

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

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CONTROL COMMISSION**

**MUST BE:**

- ✓ **Citizen of the United States.** Include copy of US birth certificate, naturalization paper or current US passport
- ✓ **Nebraska resident.** Include copy of voter registration in the State of Nebraska
- ✓ **Fingerprinted.** See Form 147 for further information, this form **MUST** be included with your application.
- ✓ **21 years of age or older**

**Corporate Information**

Name of Corporation/LLC: HF CRAVE

**Liquor License Information**

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_ (if new application leave blank)

Premise Trade Name/DBA: CRAVE

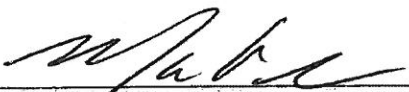
Premise Street Address: 2801 PINE Lake Road Suite W

City: LINCOLN County: LANCASTER Zip Code: 68516

Premise Phone Number: 402-423-2728

Email address: HF CRAVE @ GMAIL.COM

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**  
(Faxed signatures are acceptable)

Manager's information must be completed below. PLEASE PRINT CLEARLY.

Last Name: Hollenbeck First Name: Myron MI: L

Home Address (include PO Box if applicable): 27507 Fletcher Ave

City: Elmwood County: Cass Zip Code: 68349

Home Phone Number: 402-867-4288 Business Phone Number: 402-423-2728

Social Security Number: \_\_\_\_\_ Drivers License Number & Stat \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

Email address: HFCRAVE@GMAIL.COM

Are you married? If yes, complete spouse's information (if ventura spousal affidavit has been filed).

☐ YES

☒ NO

Spouse's information

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Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

MAR 02 2016

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

NEBRASKA LIQUOR  
CONTROL COMMISSION

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS.  
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Elmwood, NE	12'	current			
Lincoln, NE	09'	12'			
Elmwood, NE	00'	09'			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
98'	Current	Self Employed		
95'	98'	ERNIES IN CERESCO	Dean SWANSON	402-665-3151

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

**Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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☒ YES ☐ NO

MAR 02 2016

If yes, please explain below or attach a separate page.

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
MYRON Hollenbeck	N/A	CASS COUNTY NE	TRAFFIC Violation License REVOKED	FOR Not paying FINE on time

**2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?**

☒ YES ☐ NO

**IF YES, list the name of the premise(s):**

HF CRAVE

**3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?**

☒ YES ☐ NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: RBST General Name on Certificate: Myron L Hollenbeck

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Myron L Hollenbeck	02/2016	RBST GENERAL

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NEBRASKA LIQUOR  
CONTROL COMMISSION

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Liquor Permit	2011-2012	HF CRAVE 2801 Pine Lake

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES

☐ NO

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PERSONAL OATH AND CONSENT OF INVESTIGATION

MAR 02 2016

NEBRASKA LIQUOR  
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
\_\_\_\_\_  
Signature of Manager Applicant

\_\_\_\_\_  
Signature of Spouse

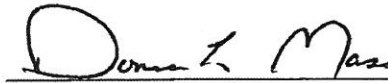
ACKNOWLEDGEMENT

State of Nebraska  
County of Cass

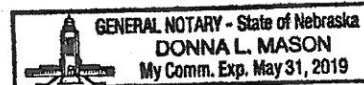
The foregoing instrument was acknowledged before me this

March 1, 2016  
date

by Myron Hollenbeck Jr.  
name of person acknowledged

  
\_\_\_\_\_  
Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

DATE RECEIVED

Office Use Only

Class: \_\_\_\_\_

License #: \_\_\_\_\_

Applicant Name: HOLLENBECK FARMS LLL  
(Corporation, LLC, Partnership or Individual)

Trade Name: HF CRAVE  
(Doing Business As)

(402) 423-2728  
Phone Number

hfcraive@gmail.com  
Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices will be released to the applicants;  
*Fingerprint cards should be submitted with the application.*
- Fee payment of \$28.75 per person must be made directly to the NSP;  
You may submit the payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
or checks made payable to NSP should be mailed directly to the following address:  
**The Nebraska State Patrol – CID Division**  
**3800 NW 12<sup>th</sup> Street**  
**Lincoln, NE 68521**
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;  
*Include a list of names covered by your payment to insure proper application of payment.*
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

**Please complete information on the following pages for EACH person fingerprinted.**